



General Assembly

February Session, 2016

Governor's Bill No. 17

LCO No. 648



Referred to Committee on HUMAN SERVICES

Introduced by:

SEN. LOONEY, 11th Dist.

SEN. DUFF, 25th Dist.

REP. SHARKEY, 88th Dist.

REP. ARESIMOWICZ, 30th Dist.

***AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS FOR HUMAN SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective from passage*) The Commissioners of
2 Developmental Services and Social Services and the Secretary of the
3 Office of Policy and Management shall develop and implement, within
4 available appropriations, a continuum of services for persons with
5 intellectual disabilities. The partnership shall be known as the
6 Intellectual Disabilities Partnership. The Intellectual Disabilities
7 Partnership shall seek to increase access to quality services for persons
8 with intellectual disabilities by: (1) Expanding individualized and
9 community-based services; (2) maximizing federal revenue to fund
10 services for persons with intellectual disabilities; (3) converting grant-
11 funded services to rate-based, fee-for-service payment systems where
12 possible; (4) exploring the feasibility of services management by an

13 administrative services or managed care organization; (5) exploring
14 opportunities for private and other third-party payments; (6)
15 developing models to support persons with intellectual disabilities in
16 supportive housing; (7) reducing unnecessary use of institutional and
17 residential services; (8) improving administrative oversight and
18 efficiencies; (9) monitoring individual outcomes, provider performance
19 and overall program performance; and (10) identifying strategies to
20 make resources available to address the waiting list for residential
21 services in the Department of Developmental Services.

22 Sec. 2. Section 17a-227 of the general statutes is repealed and the
23 following is substituted in lieu thereof (*Effective July 1, 2016*):

24 (a) No person, firm or corporation shall operate within this state a
25 community living arrangement or community companion home which
26 it owns, leases or rents for the lodging, care or treatment of persons
27 with intellectual disability, Prader-Willi syndrome or autism spectrum
28 disorder unless such person, firm or corporation, upon written
29 application, verified by oath, has obtained a license issued by the
30 Department of Developmental Services.

31 (b) The commissioner shall adopt regulations, in accordance with
32 the provisions of chapter 54, to insure the comfort, safety, adequate
33 medical care and treatment of such persons at the residential facilities
34 described in subsection (a) of this section. Such regulations shall
35 include requirements that: (1) All residential facility staff be certified in
36 cardiopulmonary resuscitation in a manner and time frame prescribed
37 by the commissioner; (2) records of staffing schedules and actual staff
38 hours worked, by residential facility, be available for inspection by the
39 department upon advance notice; (3) each residential facility develop
40 and implement emergency plans and staff training to address
41 emergencies that may pose a threat to the health and safety of the
42 residents of the facility; (4) department staff verify during quality
43 service reviews and licensing inspections, that (A) staff is adequately
44 trained to respond in an emergency, and (B) a summary of information

45 on each resident is available to emergency medical personnel for use in
46 an emergency; (5) all residential facilities serving persons with Down
47 syndrome fifty years of age or older have at least one staff member
48 trained in Alzheimer's disease and dementia symptoms and care; and
49 (6) not less than one-half of the quality service reviews, licensing
50 inspections or facility visits conducted by the department after initial
51 licensure are unannounced.

52 (c) After receiving an application and making such investigation as
53 is deemed necessary and after finding the specified requirements to
54 have been fulfilled, the department shall grant a license to such
55 applicant to operate a facility of the character described in such
56 application, which license shall specify the name of the person to have
57 charge and the location of each facility operated under the license. Any
58 person, firm or corporation aggrieved by any requirement of the
59 regulations or by the refusal to grant any license may request an
60 administrative hearing in accordance with the provisions of chapter 54.
61 If the licensee of any such facility desires to place in charge thereof a
62 person other than the one specified in the license, application shall be
63 made to the Department of Developmental Services, in the same
64 manner as provided for the original application, for permission to
65 make such change. Such application shall be acted upon not later than
66 ten calendar days from the date of the filing of the application. Each
67 such license shall be renewed annually upon such terms as may be
68 established by regulations and may be revoked by the department
69 upon proof that the facility for which such license was issued is being
70 improperly operated, or for the violation of any of the provisions of
71 this section or of the regulations adopted pursuant to this section,
72 provided the licensee shall first be given a reasonable opportunity to
73 be heard in reference to such proposed revocation. Any person, firm or
74 corporation aggrieved by such revocation may request an
75 administrative hearing in accordance with the provisions of chapter 54.
76 Each person, firm or corporation, upon filing an application under the
77 provisions of this section for a license for a community living

78 arrangement, shall pay to the State Treasurer the sum of fifty dollars.

79 (d) The Department of Developmental Services may contract, within
80 available appropriations, with any qualified provider for the operation
81 of a community-based residential facility, provided the qualified
82 provider is licensed by the department to operate such facilities. The
83 department shall include in all contracts with such licensed qualified
84 providers, provisions requiring the department to (1) conduct periodic
85 reviews of contract performance, and (2) take progressive enforcement
86 actions if the department finds poor performance or noncompliance
87 with the contract, as follows: (A) The licensed qualified provider may
88 be placed on a strict schedule of monitoring and oversight by the
89 department; (B) the licensed qualified provider may be placed on a
90 partial-year contract; and (C) payments due under the contract may be
91 reduced by specific amounts on a monthly basis until the licensed
92 qualified provider complies with the contract. If compliance cannot be
93 achieved, the department shall terminate the contract.

94 (e) The Commissioner of Developmental Services and the
95 Commissioner of Social Services shall approve any change in
96 ownership of any licensed community living arrangement operated by
97 a private provider of services under the Department of Developmental
98 Services before such change in ownership takes place. Change in
99 ownership includes, but is not limited to, a sale to a new provider, a
100 transfer of ownership or any other manner in which a licensed
101 community living arrangement is divested from one provider to
102 another. The value of the property upon the change in ownership shall
103 equal the fair rental value at the date of such transfer for the remaining
104 years of useful life.

105 (f) If a property licensed as a community living arrangement
106 operated by a private provider of services under the Department of
107 Developmental Services is sold and the residents are transitioned to
108 another provider in a different property, the original provider shall
109 have an adjustment on a future development of a community living

110 arrangement for the amount that represents the residual value of the
111 original property at the date of the sale.

112 [(e)] (g) The department may contract with any person, firm or
113 corporation to provide residential support services for persons with
114 intellectual disability, Prader-Willi syndrome or autism spectrum
115 disorder who reside in settings which are not licensed by the
116 department. The commissioner shall adopt regulations, in accordance
117 with the provisions of chapter 54, to ensure the safety, adequate
118 supervision and support of persons receiving such residential support
119 services.

120 [(f)] (h) Any person, firm or corporation who operates any facility
121 contrary to the provisions of this section shall be fined not more than
122 one thousand dollars or imprisoned not more than six months or both.
123 Any person, firm or corporation who operates any facility contrary to
124 the regulations adopted pursuant to subsection (b) of this section shall
125 be fined not more than one thousand dollars.

126 Sec. 3. Section 17a-215 of the general statutes is repealed and the
127 following is substituted in lieu thereof (*Effective July 1, 2016*):

128 The Department of [Developmental] Social Services shall serve as
129 the lead agency to coordinate, where possible, the functions of the
130 several state agencies which have responsibility for providing services
131 to persons diagnosed with autism spectrum disorder.

132 Sec. 4. Section 17a-215c of the 2016 supplement to the general
133 statutes is repealed and the following is substituted in lieu thereof
134 (*Effective July 1, 2016*):

135 (a) There is established a Division of Autism Spectrum Disorder
136 Services within the Department of [Developmental] Social Services.

137 (b) The Department of [Developmental] Social Services [shall] may
138 adopt regulations, in accordance with chapter 54, to define the term

139 "autism spectrum disorder", establish eligibility standards and criteria
140 for the receipt of services by any resident of the state diagnosed with
141 autism spectrum disorder, regardless of age, and data collection,
142 maintenance and reporting processes. The commissioner may
143 implement policies and procedures necessary to administer the
144 provisions of this section prior to adoption of such regulations,
145 provided the commissioner shall publish notice of intent to adopt such
146 regulations not later than twenty days after implementation of such
147 policies and procedures. Any such policies and procedures shall be
148 valid until such regulations are adopted.

149 (c) The Division of Autism Spectrum Disorder Services may, within
150 available appropriations, research, design and implement the delivery
151 of appropriate and necessary services and programs for all residents of
152 the state with autism spectrum disorder. Such services and programs
153 may include the creation of: (1) Autism-specific early intervention
154 services for any child under the age of three diagnosed with autism
155 spectrum disorder; (2) education, recreation, habilitation, vocational
156 and transition services for individuals age three to twenty-one,
157 inclusive, diagnosed with autism spectrum disorder; (3) services for
158 adults over the age of twenty-one diagnosed with autism spectrum
159 disorder; and (4) related autism spectrum disorder services deemed
160 necessary by the Commissioner of [Developmental] Social Services.

161 (d) The Department of [Developmental] Social Services shall serve
162 as the lead state agency for the purpose of the federal Combating
163 Autism Act, P.L. 109-416 and for applying for and receiving funds and
164 performing any related responsibilities concerning autism spectrum
165 disorder which are authorized pursuant to any state or federal law.

166 (e) [On or before February 1, 2009, and annually thereafter, the] The
167 Department of [Developmental] Social Services may make
168 recommendations to the Governor and the joint standing committee of
169 the General Assembly having cognizance of matters relating to [public
170 health] human services concerning legislation and funding required to

171 provide necessary services to persons diagnosed with autism spectrum
172 disorder.

173 (f) The Division of Autism Spectrum Disorder Services shall
174 research and locate possible funding streams for the continued
175 development and implementation of services for persons diagnosed
176 with autism spectrum disorder but not with intellectual disability. The
177 division shall take all necessary action [, in coordination with the
178 Department of Social Services,] to secure Medicaid reimbursement for
179 home and community-based individualized support services for adults
180 diagnosed with autism spectrum disorder but not with intellectual
181 disability. Such action may include applying for a Medicaid waiver
182 pursuant to Section 1915(c) of the Social Security Act, in order to secure
183 the funding for such services.

184 (g) The Division of Autism Spectrum Disorder Services shall, within
185 available appropriations: (1) Design and implement a training
186 initiative that shall include training to develop a workforce; and (2)
187 develop a curriculum specific to autism spectrum disorder in
188 coordination with the Board of Regents for Higher Education.

189 (h) The case records of the Division of Autism Spectrum Disorder
190 Services maintained by the division for any purpose authorized
191 pursuant to subsections (b) to (g), inclusive, of this section shall be
192 subject to the same confidentiality requirements, under state and
193 federal law, that govern all client records maintained by the
194 Department of [Developmental] Social Services.

195 (i) The Commissioner of Social Services [, in consultation with the
196 Commissioner of Developmental Services,] may seek approval of an
197 amendment to the state Medicaid plan or a waiver from federal law,
198 whichever is sufficient and most expeditious, to establish and
199 implement a Medicaid-financed home and community-based program
200 to provide community-based services and, if necessary, housing
201 assistance, to adults diagnosed with autism spectrum disorder but not

202 with intellectual disability.

203 (j) On or before January 1, 2008, and annually thereafter, the
204 Commissioner of Social Services, [in consultation with the
205 Commissioner of Developmental Services, and] in accordance with the
206 provisions of section 11-4a, shall submit a report to the joint standing
207 committee of the General Assembly having cognizance of matters
208 relating to [public health] human services, on the status of any
209 amendment to the state Medicaid plan or waiver from federal law as
210 described in subsection (i) of this section and on the establishment and
211 implementation of the program authorized pursuant to subsection (i)
212 of this section.

213 (k) The Autism Spectrum Disorder Advisory Council, established
214 pursuant to section 17a-215d, as amended by this act, shall advise the
215 Commissioner of [Developmental] Social Services on all matters
216 relating to autism.

217 (l) The Commissioner of [Developmental] Social Services, in
218 consultation with the Autism Spectrum Disorder Advisory Council,
219 shall designate services and interventions that demonstrate, in
220 accordance with medically established and research-based best
221 practices, empirical effectiveness for the treatment of autism spectrum
222 disorder. The commissioner shall update such designations
223 periodically and whenever the commissioner deems it necessary to
224 conform to changes generally recognized by the relevant medical
225 community in evidence-based practices or research.

226 Sec. 5. Section 17a-215d of the general statutes is repealed and the
227 following is substituted in lieu thereof (*Effective July 1, 2016*):

228 (a) There is established the Autism Spectrum Disorder Advisory
229 Council. The council shall consist of the following members: (1) The
230 Commissioner of [Developmental] Social Services, or the
231 commissioner's designee; (2) the Commissioner of Children and
232 Families, or the commissioner's designee; (3) the Commissioner of

233 Education, or the commissioner's designee; (4) the Commissioner of
234 Mental Health and Addiction Services, or the commissioner's designee;
235 (5) the Commissioner of Public Health, or the commissioner's designee;
236 (6) the Commissioner of Rehabilitation Services, or the commissioner's
237 designee; (7) the Commissioner of [Social] Developmental Services, or
238 the commissioner's designee; (8) the Commissioner of the Office of
239 Early Childhood, or the commissioner's designee; (9) the Secretary of
240 the Office of Policy and Management, or the secretary's designee; [(9)]
241 (10) the executive director of the Office of Protection and Advocacy for
242 Persons with Disabilities, or the executive director's designee; [(10)]
243 (11) two persons with autism spectrum disorder, one each appointed
244 by the Governor and the speaker of the House of Representatives;
245 [(11)] (12) two persons who are parents or guardians of a child with
246 autism spectrum disorder, one each appointed by the Governor and
247 the minority leader of the Senate; [(12)] (13) two persons who are
248 parents or guardians of an adult with autism spectrum disorder, one
249 each appointed by the president pro tempore of the Senate and the
250 majority leader of the House of Representatives; [(13)] (14) two persons
251 who are advocates for persons with autism spectrum disorder, one
252 each appointed by the Governor and the speaker of the House of
253 Representatives; [(14)] (15) two persons who are licensed professionals
254 working in the field of autism spectrum disorder, one each appointed
255 by the Governor and the majority leader of the Senate; [(15)] (16) two
256 persons who provide services for persons with autism spectrum
257 disorder, one each appointed by the Governor and the minority leader
258 of the House of Representatives; [(16)] (17) two persons who shall be
259 representatives of an institution of higher education in the state with
260 experience in the field of autism spectrum disorder, one each
261 appointed by the Governor and the president pro tempore of the
262 Senate; and [(17)] (18) one person who is a physician who treats or
263 diagnoses persons with autism spectrum disorder, appointed by the
264 Governor.

265 (b) The council shall have two chairpersons, one of whom shall be

266 the Commissioner of [Developmental] Social Services, or the
267 commissioner's designee, and one of whom shall be elected by the
268 members of the council. The council shall make rules for the conduct of
269 its affairs. The council shall meet not less than four times per year and
270 at such other times as requested by the chairpersons. Council members
271 shall serve without compensation.

272 (c) The council shall advise the Commissioner of [Developmental]
273 Social Services concerning: (1) Policies and programs for persons with
274 autism spectrum disorder; (2) services provided by the Department of
275 [Developmental] Social Services' Division of Autism Spectrum
276 Disorder Services; and (3) implementation of the recommendations
277 resulting from the autism feasibility study. The council may make
278 recommendations to the commissioner for policy and program
279 changes to improve support services for persons with autism spectrum
280 disorder.

281 (d) The Autism Spectrum Disorder Advisory Council shall
282 terminate on June 30, 2018.

283 Sec. 6. Subdivision (2) of section 17a-247a of the general statutes is
284 repealed and the following is substituted in lieu thereof (*Effective July*
285 *1, 2016*):

286 (2) "Authorized agency" means any agency authorized in
287 accordance with the general statutes to conduct abuse and neglect
288 investigations and responsible for issuing or carrying out protective
289 services for persons with intellectual disability or individuals receiving
290 services or funding from the [department's] Department of Social
291 Services' Division of Autism Spectrum Disorder Services.

292 Sec. 7. Section 17a-247f of the general statutes is repealed and the
293 following is substituted in lieu thereof (*Effective July 1, 2016*):

294 (a) For purposes of this section "individual who receives services
295 from the [department's] Department of Social Services' Division of

296 Autism Spectrum Disorder Services" means an individual eighteen
297 years of age to sixty years of age, inclusive, who receives funding or
298 services from the Department of [Developmental] Social Services'
299 Division of Autism Spectrum Disorder Services.

300 (b) (1) The [commissioner] Commissioner of Social Services may
301 investigate any reports alleging abuse or neglect of an individual who
302 receives services from the [department's] Department of Social
303 Services' Division of Autism Spectrum Disorder Services. Such
304 investigation shall include a visit to the residence of the individual
305 reported to have been abused or neglected and consultation with
306 persons having knowledge of the facts surrounding such allegation.
307 All state, local and private agencies shall have a duty to cooperate with
308 any such investigation, including the release of complete records of
309 such individual for review, inspection and copying, except where such
310 individual refuses to permit his or her record to be released. All such
311 records shall be kept confidential by the [department] Department of
312 Social Services.

313 (2) Upon completion of the investigation of each case, the
314 [commissioner] Commissioner of Social Services shall prepare written
315 findings that shall include a determination as to whether abuse or
316 neglect has occurred and recommendations as to whether protective
317 services are needed. The [commissioner] Commissioner of Social
318 Services, except in cases where the parent or guardian of the
319 individual reported to be abused or neglected is the alleged
320 perpetrator of abuse or neglect or is residing with the alleged
321 perpetrator, shall notify the parents or guardian, if any, of such
322 individual if a report of abuse or neglect is made that the department
323 determines warrants investigation. The [commissioner] Commissioner
324 of Social Services shall provide the parents or guardians who the
325 [commissioner] Commissioner of Social Services determines are
326 entitled to such information with further information upon request.
327 The person making the allegation of abuse or neglect and the Director
328 of the Office of Protection and Advocacy for Persons with Disabilities

329 shall be notified of the findings resulting from the investigation, upon
330 such person's request.

331 (3) Neither the original allegation of abuse or neglect nor the
332 investigation report of the investigator that includes findings and
333 recommendations shall be deemed a public record for purposes of
334 section 1-210. The name of the person making the original allegation
335 shall not be disclosed to any person unless the person making the
336 original allegation consents to such disclosure or unless a judicial
337 proceeding results therefrom.

338 Sec. 8. Subsection (a) of section 17a-270 of the general statutes is
339 repealed and the following is substituted in lieu thereof (*Effective July*
340 *1, 2016*):

341 (a) There is established a Council on Developmental Services which
342 shall consist of fifteen members appointed as follows: Eight shall be
343 appointed by the Governor, for two-year terms, one of whom shall be
344 a doctor of medicine, one of whom shall be a person with intellectual
345 disability who is receiving services from the Department of
346 Developmental Services and at least two of whom shall be a relative or
347 a guardian of a person with intellectual disability; six shall be
348 appointed by members of the General Assembly for two-year terms,
349 one of whom shall be a relative or guardian of a person with
350 intellectual disability, appointed by the speaker of the House, one of
351 whom shall be appointed by the minority leader of the House, one of
352 whom shall be appointed by the president pro tempore of the Senate,
353 one of whom shall be a person with intellectual disability and autism
354 spectrum disorder who is receiving, or has received, services from the
355 [department's Division of Autism Spectrum Disorder Services]
356 department appointed by the majority leader of the House, one of
357 whom shall be appointed by the majority leader of the Senate, and one
358 of whom shall be a relative or guardian of a person with intellectual
359 disability, appointed by the minority leader of the Senate; and one of
360 whom shall be a member of the board of trustees of the Southbury

361 Training School, appointed by said board for a term of one year. No
362 member of the council may serve more than three consecutive terms,
363 except that a member may continue to serve until a successor is
364 appointed. The members of the council shall serve without
365 compensation except for necessary expenses incurred in performing
366 their duties. The Commissioner of Developmental Services or the
367 commissioner's designee shall be an ex-officio member of the Council
368 on Developmental Services without vote and shall attend its meetings.
369 No employee of any state agency engaged in the care or training of
370 persons with intellectual disability shall be eligible for appointment to
371 the council. The council shall appoint annually, from among its
372 members, a chairperson, vice chairperson and secretary. The council
373 may make rules for the conduct of its affairs. The council shall meet at
374 least six times per year and at other times upon the call of the chair or
375 the written request of any two members.

376 Sec. 9. Section 17b-2 of the general statutes is repealed and the
377 following is substituted in lieu thereof (*Effective July 1, 2016*):

378 The Department of Social Services is designated as the state agency
379 for the administration of (1) the Connecticut energy assistance
380 program pursuant to the Low Income Home Energy Assistance Act of
381 1981; (2) the state plan for vocational rehabilitation services for the
382 fiscal year ending June 30, 1994; (3) the refugee assistance program
383 pursuant to the Refugee Act of 1980; (4) the legalization impact
384 assistance grant program pursuant to the Immigration Reform and
385 Control Act of 1986; (5) the temporary assistance for needy families
386 program pursuant to the Personal Responsibility and Work
387 Opportunity Reconciliation Act of 1996; (6) the Medicaid program
388 pursuant to Title XIX of the Social Security Act; (7) the supplemental
389 nutrition assistance program pursuant to the Food and Nutrition Act
390 of 2008; (8) the state supplement to the Supplemental Security Income
391 Program pursuant to the Social Security Act; (9) the state child support
392 enforcement plan pursuant to Title IV-D of the Social Security Act;
393 [and] (10) the state social services plan for the implementation of the

394 social services block grants and community services block grants
395 pursuant to the Social Security Act; and (11) services for persons with
396 autism spectrum disorder in accordance with sections 17a-215 and 17a-
397 215c, as amended by this act.

398 Sec. 10. Subsection (h) of section 26-30 of the general statutes is
399 repealed and the following is substituted in lieu thereof (*Effective July*
400 *1, 2016*):

401 (h) The Commissioner of Energy and Environmental Protection may
402 issue a group fishing license to any tax-exempt organization qualified
403 under Section 501(c)(3) of the Internal Revenue Code of 1986, or any
404 subsequent corresponding internal revenue code of the United States,
405 as amended from time to time, for the purpose of conducting a group
406 fishing event or events for persons: (1) With a service-related or other
407 disability who receive services at a facility of the United States
408 Department of Veterans Affairs Connecticut Healthcare System, (2)
409 who receive mental health or addiction services from: (A) The
410 Department of Mental Health and Addiction Services, (B) state-
411 operated facilities, as defined in section 17a-458, or (C) programs or
412 facilities funded by the Department of Mental Health and Addiction
413 Services, as provided for in sections 17a-468b, 17a-469, 17a-673 and
414 17a-676, (3) with intellectual disability [or diagnosed with autism
415 spectrum disorder] who receive services from the Department of
416 Developmental Services, as provided for in section 17a-217, or from
417 facilities licensed by the Department of Developmental Services, as
418 provided for in section 17a-227, as amended by this act, [or] (4)
419 diagnosed with autism spectrum disorder who receive services from
420 the Department of Social Services, or (5) receiving care from the
421 Department of Children and Families, as provided for in section 17a-
422 94, or from programs or child-care facilities licensed pursuant to
423 section 17a-145 or 17a-147. Any such organization shall conduct not
424 more than fifty such events, including marine and inland water events,
425 in any calendar year and each such event shall be limited to not more
426 than fifty persons. Application for such a group fishing license shall be

427 submitted once per calendar year on a form prescribed by the
428 commissioner and with the necessary fee and shall provide such
429 information as required by the commissioner. All fishing activities
430 conducted pursuant to such group license shall be supervised by staff
431 or volunteers of the organization conducting the event or events. Such
432 staff or volunteers shall possess such group fishing license at the site of
433 any such event or events. Each such staff member or volunteer shall
434 have a license to fish. Such organization shall, not later than ten days
435 after such group fishing event, report to the commissioner, on forms
436 provided by the commissioner, information on the results of such
437 event. Such information shall include, but not be limited to, the total:
438 [(i)] (A) Number of participants, [(ii)] (B) hours fished, [(iii)] (C)
439 number of each species caught, and [(iv)] (D) number of each species
440 not released. Such organization shall not charge a fee to any person
441 that participates in any such group fishing event conducted pursuant
442 to such group fishing license and any such group fishing event shall
443 not be used by such organization as a fund raising event.

444 Sec. 11. Subdivision (4) of subsection (a) of section 38a-514b of the
445 2016 supplement to the general statutes is repealed and the following
446 is substituted in lieu thereof (*Effective July 1, 2016*):

447 (4) "Behavioral therapy" means any interactive behavioral therapies
448 derived from evidence-based research and consistent with the services
449 and interventions designated by the Commissioner of [Developmental]
450 Social Services pursuant to subsection (l) of section 17a-215c, as
451 amended by this act, including, but not limited to, applied behavior
452 analysis, cognitive behavioral therapy, or other therapies supported by
453 empirical evidence of the effective treatment of individuals diagnosed
454 with autism spectrum disorder, that are: (A) Provided to children less
455 than twenty-one years of age; and (B) provided or supervised by (i) a
456 behavior analyst who is certified by the Behavior Analyst Certification
457 Board, (ii) a licensed physician, or (iii) a licensed psychologist. For the
458 purposes of this subdivision, behavioral therapy is "supervised by"
459 such behavior analyst, licensed physician or licensed psychologist

460 when such supervision entails at least one hour of face-to-face
461 supervision of the autism spectrum disorder services provider by such
462 behavior analyst, licensed physician or licensed psychologist for each
463 ten hours of behavioral therapy provided by the supervised provider.

464 Sec. 12. Subdivision (4) of subsection (a) of section 38a-488b of the
465 2016 supplement to the general statutes is repealed and the following
466 is substituted in lieu thereof (*Effective July 1, 2016*):

467 (4) "Behavioral therapy" means any interactive behavioral therapies
468 derived from evidence-based research and consistent with the services
469 and interventions designated by the Commissioner of [Developmental]
470 Social Services pursuant to subsection (l) of section 17a-215c, as
471 amended by this act, including, but not limited to, applied behavior
472 analysis, cognitive behavioral therapy, or other therapies supported by
473 empirical evidence of the effective treatment of individuals diagnosed
474 with autism spectrum disorder, that are: (A) Provided to children less
475 than twenty-one years of age; and (B) provided or supervised by (i) a
476 behavior analyst who is certified by the Behavior Analyst Certification
477 Board, (ii) a licensed physician, or (iii) a licensed psychologist. For the
478 purposes of this subdivision, behavioral therapy is "supervised by"
479 such behavior analyst, licensed physician or licensed psychologist
480 when such supervision entails at least one hour of face-to-face
481 supervision of the autism spectrum disorder services provider by such
482 behavior analyst, licensed physician or licensed psychologist for each
483 ten hours of behavioral therapy provided by the supervised provider.

484 Sec. 13. Subdivision (11) of section 46a-11a of the general statutes is
485 repealed and the following is substituted in lieu thereof (*Effective July*
486 *1, 2016*):

487 (11) "Individual who receives services from the Department of
488 [Developmental] Social Services' Division of Autism Spectrum
489 Disorder Services" means an individual eighteen years of age to sixty
490 years of age, inclusive, who receives funding or services from the

491 Department of [Developmental] Social Services' Division of Autism
492 Spectrum Disorder Services.

493 Sec. 14. Section 46a-11b of the general statutes is repealed and the
494 following is substituted in lieu thereof (*Effective July 1, 2016*):

495 (a) Any physician or surgeon licensed under the provisions of
496 chapter 370, any resident physician or intern in any hospital in this
497 state, whether or not so licensed, any registered nurse, any person paid
498 for caring for persons in any facility and any licensed practical nurse,
499 medical examiner, dental hygienist, dentist, occupational therapist,
500 optometrist, chiropractor, psychologist, podiatrist, social worker,
501 school teacher, school principal, school guidance counselor, school
502 paraprofessional, mental health professional, physician assistant,
503 licensed or certified substance abuse counselor, licensed marital and
504 family therapist, speech and language pathologist, clergyman, police
505 officer, pharmacist, physical therapist, licensed professional counselor
506 or sexual assault counselor or domestic violence counselor, as defined
507 in section 52-146k, who has reasonable cause to suspect or believe that
508 any person with intellectual disability or any individual who receives
509 services from the Department of [Developmental] Social Services'
510 Division of Autism Spectrum Disorder Services has been abused or
511 neglected shall, as soon as practicable but not later than seventy-two
512 hours after such person has reasonable cause to suspect or believe that
513 a person with intellectual disability or any individual who receives
514 services from the Department of [Developmental] Social Services'
515 Division of Autism Spectrum Disorder Services has been abused or
516 neglected, report such information or cause a report to be made in any
517 reasonable manner to the director or persons the director designates to
518 receive such reports. Such initial report shall be followed up by a
519 written report not later than five calendar days after the initial report
520 was made. Any person required to report under this subsection who
521 fails to make such report shall be fined not more than five hundred
522 dollars.

523 (b) Such report shall contain the name and address of the allegedly
524 abused or neglected person, a statement from the person making the
525 report indicating his or her belief that such person has intellectual
526 disability or receives funding or services from the Department of
527 [Developmental] Social Services' Division of Autism Spectrum
528 Disorder Services, information supporting the supposition that such
529 person is substantially unable to protect himself or herself from abuse
530 or neglect, information regarding the nature and extent of the abuse or
531 neglect and any other information that the person making such report
532 believes might be helpful in an investigation of the case and the
533 protection of such person with intellectual disability or who receives
534 funding or services from the Department of [Developmental] Social
535 Services' Division of Autism Spectrum Disorder Services.

536 (c) Each facility, as defined in section 46a-11a, as amended by this
537 act, shall inform residents of their rights and the staff of their
538 responsibility to report abuse or neglect and shall establish appropriate
539 policies and procedures to facilitate such reporting.

540 (d) Any other person having reasonable cause to believe that a
541 person with intellectual disability or an individual who receives
542 services from the Department of [Developmental] Social Services'
543 Division of Autism Spectrum Disorder Services is being or has been
544 abused or neglected may report such information, in any reasonable
545 manner, to the director or to the director's designee.

546 (e) Any person who makes any report pursuant to sections 46a-11a
547 to 46a-11g, inclusive, as amended by this act, or who testifies in any
548 administrative or judicial proceeding arising from such report shall be
549 immune from any civil or criminal liability on account of such report
550 or testimony, except for liability for perjury, unless such person acted
551 in bad faith or with malicious purpose. Any person who obstructs,
552 hinders or endangers any person reporting or investigating abuse or
553 neglect or providing protective services or who makes a report in bad
554 faith or with malicious purpose and who is not subject to any other

555 penalty shall be fined not more than five hundred dollars. No resident
556 or employee of a facility, as defined in section 46a-11a, as amended by
557 this act, shall be subject to reprisal or discharge because of his actions
558 in reporting pursuant to sections 46a-11a to 46a-11g, inclusive, as
559 amended by this act.

560 (f) For purposes of said sections, the treatment of any person with
561 intellectual disability or any individual who receives services from the
562 Department of [Developmental] Social Services' Division of Autism
563 Spectrum Disorder Services by a Christian Science practitioner, in lieu
564 of treatment by a licensed practitioner of the healing arts, shall not of
565 itself constitute grounds for the implementation of protective services.

566 (g) When the director of the Office of Protection and Advocacy for
567 Persons with Disabilities or persons designated by said director are
568 required to investigate or monitor abuse or neglect reports that are
569 referred to the Office of Protection and Advocacy for Persons with
570 Disabilities from another agency, all provisions of this section shall
571 apply to any investigation or monitoring of such case or report.

572 Sec. 15. Subsection (b) of section 46a-11c of the general statutes is
573 repealed and the following is substituted in lieu thereof (*Effective July*
574 *1, 2016*):

575 (b) The director, upon receiving a report that an individual who
576 receives services from the Department of [Developmental] Social
577 Services' Division of Autism Spectrum Disorder Services, allegedly is
578 being or has been abused or neglected, shall make an initial
579 determination whether such individual receives funding or services
580 from said division, shall determine if the report warrants investigation
581 and shall cause, in cases that so warrant, a prompt, thorough
582 evaluation, as described in subsection (b) of section 17a-247f, as
583 amended by this act, to be made by the Department of
584 [Developmental] Social Services to determine whether the individual
585 has been abused or neglected.

586 Sec. 16. Section 17a-215e of the 2016 supplement to the general
587 statutes is repealed and the following is inserted in lieu thereof
588 (*Effective July 1, 2016*):

589 Not later than February 1, 2016, and annually thereafter, the
590 Commissioner of [Developmental] Social Services shall report, in
591 accordance with the provisions of section 11-4a, to the joint standing
592 committee of the General Assembly having cognizance of matters
593 relating to [public health] human services concerning the activities of
594 the Department of [Developmental] Social Services' Division of Autism
595 Spectrum Disorder Services, established pursuant to section 17a-215c,
596 as amended by this act, and the Autism Spectrum Disorder Advisory
597 Council, established pursuant to section 17a-215d, as amended by this
598 act. Such report shall include, but not be limited to: (1) The number
599 and ages of persons with autism spectrum disorder who are served by
600 the Department of [Developmental] Social Services' Division of Autism
601 Spectrum Disorder Services and, when practicable to report, the
602 number and ages of such persons who are served by other state
603 agencies; (2) the number and ages of persons with autism spectrum
604 disorder on said division's waiting list for Medicaid waiver services;
605 (3) the type of Medicaid waiver services currently provided by the
606 department to persons with autism spectrum disorder; (4) a
607 description of the unmet needs of persons with autism spectrum
608 disorder on said division's waiting list; (5) the projected estimates for a
609 five-year period of the costs to the state due to such unmet needs; (6)
610 measurable outcome data for persons with autism spectrum disorder
611 who are eligible to receive services from said division, including, but
612 not limited to, (A) the number of such persons who are enrolled in
613 postsecondary education, (B) the employment status of such persons,
614 and (C) a description of such persons' living arrangements; and (7) a
615 description of new initiatives and proposals for new initiatives that are
616 under consideration.

617 Sec. 17. (NEW) (*Effective from passage*) Except as otherwise provided
618 in the general statutes, "autism spectrum disorder" has the same

619 meaning as is set forth in the most recent edition of the American
620 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
621 Disorders".

622 Sec. 18. Subsection (e) of section 5-259 of the 2016 supplement to the
623 general statutes is repealed and the following is substituted in lieu
624 thereof (*Effective July 1, 2016*):

625 (e) Notwithstanding the provisions of subsection (a) of this section,
626 [(1)] vending stand operators eligible for membership in the state
627 employees' retirement system pursuant to section 5-175a shall be
628 eligible for coverage under the group hospitalization and medical and
629 surgical insurance plans procured under this section, provided the cost
630 for such operators' insurance coverage shall be paid by the Department
631 of Rehabilitation Services from vending machine income pursuant to
632 section 10-303. [, and (2) blind persons employed in workshops,
633 established pursuant to section 10-298a, on December 31, 2002, shall be
634 eligible for coverage under the group hospitalization and medical and
635 surgical insurance plans procured under this section, provided the cost
636 for such persons' insurance coverage shall be paid by the Department
637 of Rehabilitation Services.]

638 Sec. 19. Section 17b-282e of the 2016 supplement to the general
639 statutes is repealed and the following is substituted in lieu thereof
640 (*Effective July 1, 2016*):

641 The Department of Social Services shall cover orthodontic services
642 for a Medicaid recipient under twenty-one years of age when the
643 Salzmann Handicapping Malocclusion Index indicates a correctly
644 scored assessment for the recipient of [twenty-six] twenty-nine points
645 or greater, subject to prior authorization requirements. If a recipient's
646 score on the Salzmann Handicapping Malocclusion Index is less than
647 [twenty-six] twenty-nine points, the Department of Social Services
648 shall consider additional substantive information when determining
649 the need for orthodontic services, including (1) documentation of the

650 presence of other severe deviations affecting the oral facial structures;
651 and (2) the presence of severe mental, emotional or behavioral
652 problems or disturbances, as defined in the most current edition of the
653 Diagnostic and Statistical Manual of Mental Disorders, published by
654 the American Psychiatric Association, that affects the individual's daily
655 functioning. The commissioner may implement policies and
656 procedures necessary to administer the provisions of this section while
657 in the process of adopting such policies and procedures in regulation
658 form, provided the commissioner publishes notice of intent to adopt
659 regulations on the eRegulations System not later than twenty days
660 after the date of implementation.

661 Sec. 20. Section 17b-131 of the 2016 supplement to the general
662 statutes is repealed and the following is substituted in lieu thereof
663 (*Effective July 1, 2016*):

664 When a person in any town, or sent from such town to any licensed
665 institution or state humane institution, dies or is found dead therein
666 and does not leave sufficient estate or has no legally liable relative able
667 to pay the cost of a proper funeral and burial, or upon the death of any
668 beneficiary under the state-administered general assistance program,
669 the Commissioner of Social Services shall give to such person a proper
670 funeral and burial, and shall pay a sum not exceeding one thousand
671 [four hundred] dollars as an allowance toward the funeral expenses of
672 such deceased, said sum to be paid, upon submission of a proper bill,
673 to the funeral director, cemetery or crematory, as the case may be. Such
674 payment for funeral and burial expenses shall be reduced by (1) the
675 amount in any revocable or irrevocable funeral fund, (2) any prepaid
676 funeral contract, (3) the face value of any life insurance policy owned
677 by the decedent, and (4) contributions in excess of three thousand two
678 hundred dollars toward such funeral and burial expenses from all
679 other sources including friends, relatives and all other persons,
680 organizations, veterans' and other benefit programs and other
681 agencies.

682 Sec. 21. Section 17b-84 of the 2016 supplement to the general statutes
683 is repealed and the following is substituted in lieu thereof (*Effective July*
684 *1, 2016*):

685 Upon the death of any beneficiary under the state supplement or the
686 temporary family assistance program, the Commissioner of Social
687 Services shall order the payment of a sum not to exceed one thousand
688 [four hundred] dollars as an allowance toward the funeral and burial
689 expenses of such deceased. The payment for funeral and burial
690 expenses shall be reduced by the amount in any revocable or
691 irrevocable funeral fund, prepaid funeral contract or the face value of
692 any life insurance policy owned by the recipient. Contributions may be
693 made by any person for the cost of the funeral and burial expenses of
694 the deceased over and above the sum established under this section
695 without thereby diminishing the state's obligation.

696 Sec. 22. (*Effective July 1, 2016*) Notwithstanding sections 17b-244 and
697 17b-340 of the general statutes or any other provision of the general
698 statutes, or regulations adopted thereunder, the state rates of payments
699 in effect for the fiscal year ending June 30, 2016, for residential care
700 homes, community living arrangements and community companion
701 homes that receive the flat rate for residential services, as provided
702 pursuant to section 17-311-54 of the regulations of Connecticut state
703 agencies, shall remain in effect until June 30, 2017.

704 Sec. 23. Section 17b-239 of the 2016 supplement to the general
705 statutes is repealed and the following is substituted in lieu thereof
706 (*Effective from passage*):

707 [(a) (1) Until the time subdivision (2) of this subsection is effective,
708 the rate to be paid by the state to hospitals receiving appropriations
709 granted by the General Assembly and to freestanding chronic disease
710 hospitals providing services to persons aided or cared for by the state
711 for routine services furnished to state patients, shall be based upon
712 reasonable cost to such hospital, or the charge to the general public for

713 ward services or the lowest charge for semiprivate services if the
714 hospital has no ward facilities, imposed by such hospital, whichever is
715 lowest, except to the extent, if any, that the commissioner determines
716 that a greater amount is appropriate in the case of hospitals serving a
717 disproportionate share of indigent patients. Such rate shall be
718 promulgated annually by the Commissioner of Social Services within
719 available appropriations.]

720 [(2) On or after July 1, 2013,] (a) Medicaid rates paid to acute care
721 hospitals, including children's hospitals, shall be based on diagnosis-
722 related groups established and periodically rebased by the
723 Commissioner of Social Services in accordance with 42 USC
724 1396a(a)(30)(A), provided the Department of Social Services completes
725 a fiscal analysis of the impact of such rate payment system on each
726 hospital. The commissioner shall, in accordance with the provisions of
727 section 11-4a, file a report on the results of the fiscal analysis not later
728 than six months after implementing the rate payment system with the
729 joint standing committees of the General Assembly having cognizance
730 of matters relating to human services and appropriations and the
731 budgets of state agencies. Within available appropriations, the
732 commissioner shall annually determine in-patient payments for each
733 hospital by multiplying diagnosis-related group relative weights by a
734 base rate. Over a period of up to four years beginning on or after
735 January 1, 2016, within available appropriations and at the discretion
736 of the commissioner, the Department of Social Services shall transition
737 hospital-specific, diagnosis-related group base rates to state-wide
738 diagnosis-related group base rates by peer groups determined by the
739 commissioner. For the purposes of this subsection, "peer group" means
740 a group comprised of one of the following categories of acute care
741 hospitals: Privately operated acute care hospitals, publicly operated
742 acute care hospitals, or acute care children's hospitals licensed by the
743 Department of Public Health. At the discretion of the Commissioner of
744 Social Services, the peer group for privately operated acute care
745 hospitals may be further subdivided into peer groups for privately

746 operated acute care hospitals. For inpatient hospital services that the
747 Commissioner of Social Services determines are not appropriate for
748 reimbursement based on diagnosis-related groups, the commissioner
749 shall reimburse for such services using any other methodology that
750 complies with 42 USC 1396a(a)(30)(A). Within available
751 appropriations, the commissioner may, in his or her discretion, make
752 additional payments to hospitals based on criteria to be determined by
753 the commissioner. Upon the conversion to a hospital payment
754 methodology based on diagnosis-related groups, the commissioner
755 shall evaluate payments for all hospital services, including, but not
756 limited to, a review of pediatric psychiatric inpatient units within
757 hospitals. The commissioner may, within available appropriations,
758 implement a pay-for-performance program for pediatric psychiatric
759 inpatient care. Nothing contained in this section shall authorize
760 Medicaid payment by the state to any such hospital in excess of the
761 charges made by such hospital for comparable services to the general
762 public.

763 (b) Effective October 1, 1991, the rate to be paid by the state for the
764 cost of special services rendered by such hospitals shall be established
765 annually by the commissioner for each such hospital [based on the
766 reasonable cost to each hospital of such services furnished to state
767 patients] pursuant to 42 USC 1396a(a)(30)(A) and within available
768 appropriations. Nothing contained in this subsection shall authorize a
769 payment by the state for such services to any such hospital in excess of
770 the charges made by such hospital for comparable services to the
771 general public.

772 [(c) The term "reasonable cost" as used in this section means the cost
773 of care furnished such patients by an efficient and economically
774 operated facility, computed in accordance with accepted principles of
775 hospital cost reimbursement. The commissioner may adjust the rate of
776 payment established under the provisions of this section for the year
777 during which services are furnished to reflect fluctuations in hospital
778 costs within available appropriations. Such adjustment may be made

779 prospectively to cover anticipated fluctuations or may be made
780 retroactive to any date subsequent to the date of the initial rate
781 determination for such year or in such other manner as may be
782 determined by the commissioner. In determining "reasonable cost" the
783 commissioner may give due consideration to allowances for fully or
784 partially unpaid bills, reasonable costs mandated by collective
785 bargaining agreements with certified collective bargaining agents or
786 other agreements between the employer and employees, provided
787 "employees" shall not include persons employed as managers or chief
788 administrators, requirements for working capital and cost of
789 development of new services, including additions to and replacement
790 of facilities and equipment. The commissioner shall not give
791 consideration to amounts paid by the facilities to employees as salary,
792 or to attorneys or consultants as fees, where the responsibility of the
793 employees, attorneys or consultants is to persuade or seek to persuade
794 the other employees of the facility to support or oppose unionization.
795 Nothing in this subsection shall prohibit the commissioner from
796 considering amounts paid for legal counsel related to the negotiation
797 of collective bargaining agreements, the settlement of grievances or
798 normal administration of labor relations.]

799 [(d)] (c) (1) Until such time as subdivision (2) of this subsection is
800 effective, the state shall also pay to such hospitals for each outpatient
801 clinic and emergency room visit a [reasonable] rate [to be] established
802 [annually] by the commissioner for each hospital [, such rate to be
803 determined by the reasonable cost of such services] pursuant to 42
804 USC 1396a(a)(30)(A) and within available appropriations.

805 (2) On or after July 1, 2013, with the exception of publicly operated
806 psychiatric hospitals, hospitals shall be paid for outpatient and
807 emergency room episodes of care based on prospective rates
808 established by the commissioner within available appropriations and
809 in accordance with the Medicare Ambulatory Payment Classification
810 system in conjunction with a state conversion factor, provided the
811 Department of Social Services completes a fiscal analysis of the impact

812 of such rate payment system on each hospital. The Commissioner of
813 Social Services shall, in accordance with the provisions of section 11-4a,
814 file a report on the results of the fiscal analysis not later than six
815 months after implementing the rate payment system with the joint
816 standing committees of the General Assembly having cognizance of
817 matters relating to human services and appropriations and the budgets
818 of state agencies. The Medicare Ambulatory Payment Classification
819 system shall be augmented to provide payment for services not
820 generally covered under the Medicare Ambulatory Payment
821 Classification system, including, but not limited to, mammograms,
822 durable medical equipment, physical, occupational and speech
823 therapy. Nothing contained in this subsection shall authorize a
824 payment by the state for such episodes of care to any hospital in excess
825 of the charges made by such hospital for comparable services to the
826 general public. Effective upon implementation of the Ambulatory
827 Payment Classification system, a covered outpatient hospital service
828 that does not have an established Medicare Ambulatory Payment
829 Classification code shall be paid in accordance with a fee schedule or
830 an alternative payment methodology, as determined by the
831 commissioner. Prior to the implementation of the Ambulatory
832 Payment Classification system, each hospital's charges shall be based
833 on the charge master in effect as of June 1, 2015. After implementation
834 of such system, annual increases in each hospital's charge master shall
835 not exceed, in the aggregate, the annual increase in the Medicare
836 economic index. The Commissioner of Social Services shall establish a
837 fee schedule for outpatient hospital services to be effective on and after
838 January 1, 1995, and may annually modify such fee schedule if such
839 modification is needed to ensure that the conversion to an
840 administrative services organization is cost neutral to hospitals in the
841 aggregate and ensures patient access. Utilization may be a factor in
842 determining cost neutrality.

843 [(e)] (d) On and after January 1, 2015, and concurrent with the
844 implementation of the diagnosis-related group methodology of

845 payment to hospitals, an emergency department physician may enroll
846 separately as a Medicaid provider and qualify for direct
847 reimbursement for professional services provided in the emergency
848 department of a hospital to a Medicaid recipient, including services
849 provided on the same day the Medicaid recipient is admitted to the
850 hospital. The commissioner shall pay to any such emergency
851 department physician the Medicaid rate for physicians in accordance
852 with the physician fee schedule in effect at that time. If the
853 commissioner determines that payment to an emergency department
854 physician pursuant to this subsection results in an additional cost to
855 the state, the commissioner shall adjust such rate in consultation with
856 the Connecticut Hospital Association and the Connecticut College of
857 Emergency Physicians to ensure budget neutrality.

858 ~~[(f)]~~ ~~(e)~~ The commissioner ~~[shall]~~ may adopt regulations, in
859 accordance with the provisions of chapter 54, establishing criteria for
860 defining emergency and nonemergency visits to hospital emergency
861 rooms. All nonemergency visits to hospital emergency rooms shall be
862 paid ~~[at the hospital's outpatient clinic services rate]~~ in accordance
863 with subsection (c) of this section. Nothing contained in this subsection
864 or the regulations adopted under this section shall authorize a
865 payment by the state for such services to any hospital in excess of the
866 charges made by such hospital for comparable services to the general
867 public. To the extent permitted by federal law, the Commissioner of
868 Social Services ~~[shall]~~ may impose cost-sharing requirements under the
869 medical assistance program for nonemergency use of hospital
870 emergency room services.

871 ~~[(g)]~~ ~~(f)~~ The commissioner shall establish rates to be paid to
872 freestanding chronic disease hospitals within available appropriations.

873 ~~[(h)]~~ ~~(g)~~ The Commissioner of Social Services may implement
874 policies and procedures as necessary to carry out the provisions of this
875 section while in the process of adopting the policies and procedures as
876 regulations, provided notice of intent to adopt the regulations is

877 published in accordance with the provisions of section 17b-10, as
878 amended by this act, not later than twenty days after the date of
879 implementation.

880 [(i)] (h) In the event the commissioner is unable to implement the
881 provisions of subsection [(e)] (d) of this section by January 1, 2015, the
882 commissioner shall submit written notice, not later than thirty-five
883 days prior to January 1, 2015, to the joint standing committees of the
884 General Assembly having cognizance of matters relating to human
885 services and appropriations and the budgets of state agencies
886 indicating that the department will not be able to implement such
887 provisions on or before such date. The commissioner shall include in
888 such notice (1) the reasons why the department will not be able to
889 implement such provisions by such date, and (2) the date by which the
890 department will be able to implement such provisions.

891 [(j) The] (i) Notwithstanding the provisions of this chapter, or
892 regulations adopted thereunder, the Department of Social Services is
893 not required to increase rates paid, or to set any rates to be paid to, any
894 hospital based on inflation, including, but not limited to, any current
895 payments or adjustments that are being made based on dates of service
896 in previous years.

897 Sec. 24. Subsection (b) of section 17b-263 of the general statutes is
898 repealed and the following is substituted in lieu thereof (*Effective from*
899 *passage*):

900 (b) Notwithstanding the provisions of subsection [(d)] (c) of section
901 17b-239, as amended by this act, the commissioner shall establish a
902 service-specific fee schedule for hospital outpatient mental health
903 therapy services, except for partial hospitalization and other
904 comprehensive services as defined by the commissioner. Payment for
905 partial hospitalization services shall be considered payment in full for
906 all outpatient mental health services.

907 Sec. 25. Section 17b-8a of the general statutes is repealed and the

908 following is substituted in lieu thereof (*Effective July 1, 2016*):

909 [Notwithstanding the provisions of section 17b-8, the] The
910 Commissioner of Social Services shall submit an eligibility and service
911 plan for the Medicaid Coverage for the Lowest Income Populations
912 program, established pursuant to Section 1902(a)(10)(A)(i)(VIII) of the
913 Social Security Act, to the joint standing committees of the General
914 Assembly having cognizance of matters relating to human services and
915 appropriations and the budgets of state agencies prior to the
916 submission of such plan to the federal government. Not later than
917 fifteen days after the date of their receipt of such plan, the joint
918 standing committees shall: (1) Hold a public hearing, or (2) notify the
919 Commissioner of Social Services if such joint standing committees do
920 not intend to hold a public hearing. The joint standing committees
921 shall advise the commissioner of their approval or denial of such plan
922 not later than fifteen days after receipt of such plan. If the joint
923 standing committees do not agree or fail to take action within fifteen
924 days, the proposal shall be deemed approved.

925 Sec. 26. Subsection (b) of section 17b-10 of the general statutes is
926 repealed and the following is substituted in lieu thereof (*Effective July*
927 *1, 2016*):

928 (b) The department shall adopt as a regulation in accordance with
929 the provisions of chapter 54, any new policy necessary to conform to a
930 requirement of an approved federal waiver application [initiated in
931 accordance with section 17b-8] and any new policy necessary to
932 conform to a requirement of a federal or joint state and federal
933 program administered by the department, including, but not limited
934 to, the state supplement program to the Supplemental Security Income
935 Program, but the department may operate under such policy while it is
936 in the process of adopting the policy as a regulation, provided the
937 department posts such policy on the eRegulations System prior to
938 adopting the policy. Such policy shall be valid until the time final
939 regulations are effective.

940 Sec. 27. Section 17b-282b of the general statutes is repealed and the
941 following is substituted in lieu thereof (*Effective July 1, 2016*):

942 Not later than July 1, 2004, and prior to the implementation of a
943 state-wide dental plan that provides for the administration of the
944 dental services portion of the department's medical assistance, the
945 Commissioner of Social Services shall amend the federal waiver
946 approved pursuant to Section 1915(b) of the Social Security Act. [Such
947 waiver amendment shall be submitted to the joint standing committees
948 of the General Assembly having cognizance of matters relating to
949 human services and appropriations and the budgets of state agencies
950 in accordance with the provisions of section 17b-8.]

951 Sec. 28. Section 17b-323 of the general statutes is repealed and the
952 following is substituted in lieu thereof (*Effective July 1, 2016*):

953 Not later than fifteen days after approval of the Medicaid state plan
954 amendment required to implement subdivision (4) of subsection (f) of
955 section 17b-340, the Commissioner of Social Services shall seek
956 approval from the Centers for Medicare and Medicaid Services for,
957 and shall file a provider user fee uniformity waiver request regarding,
958 the user fee set forth in sections 17b-320 and 17b-321. The request for
959 approval shall include a request for a waiver of federal requirements
960 for uniform and broad-based user fees in accordance with 42 CFR
961 433.68, to (1) exempt from the user fee prescribed by section 17b-320
962 any nursing home that is owned and operated as of May 1, 2005, by the
963 legal entity that is registered as a continuing care facility with the
964 Department of Social Services, in accordance with section 17b-521,
965 regardless of whether such nursing home participates in the Medicaid
966 program and any nursing home licensed after May 1, 2005, that is
967 owned and operated by the legal entity that is registered as a
968 continuing care facility with the Department of Social Services in
969 accordance with section 17b-521; and (2) impose a user fee in an
970 amount less than the fee determined pursuant to section 17b-320 as
971 necessary to meet the requirements of 42 CFR 433.68(e)(2) on (A)

972 nursing homes owned by a municipality, and (B) nursing homes
973 licensed for more than two hundred thirty beds. [Notwithstanding any
974 provision of the general statutes, the provisions of section 17b-8 shall
975 not apply to the waiver sought pursuant to this section.]

976 Sec. 29. Subsection (a) of section 17b-351 of the general statutes is
977 repealed and the following is substituted in lieu thereof (*Effective July*
978 *1, 2016*):

979 (a) Notwithstanding the provisions of [sections 17b-8 or] section
980 17b-9, any nursing home participating in the Title XVIII and Title XIX
981 programs may, on a one-time basis, increase its licensed bed capacity
982 and implement a capital construction project to accomplish such an
983 increase without being required to request or obtain approval of the
984 increase in services, licensed bed capacity or the capital expenditures
985 program from the Department of Social Services provided that the
986 project (1) shall not require licensure by the Department of Public
987 Health of more than ten additional nursing home beds, and (2) the
988 total capital cost of said program shall not exceed thirty thousand
989 dollars per bed, adjusted for inflation annually by said department.

990 Sec. 30. Section 17b-605a of the general statutes is repealed and the
991 following is substituted in lieu thereof (*Effective July 1, 2016*):

992 (a) The Commissioner of Social Services shall seek a waiver from
993 federal law to establish a personal care assistance program for persons
994 eighteen years of age or older with disabilities funded under the
995 Medicaid program. Such a program shall be limited to a specified
996 number of slots available for eligible program recipients and shall be
997 operated by the Department of Social Services within available
998 appropriations. [Such a waiver shall be submitted to the joint standing
999 committees of the General Assembly having cognizance of matters
1000 relating to appropriations and the budgets of state agencies and
1001 human services in accordance with section 17b-8 no later than January
1002 1, 1996.]

(b) The Commissioner of Social Services shall amend the waiver specified in subsection (a) of this section to enable persons eligible for or receiving medical assistance under section 17b-597 to receive personal care assistance. Such [amendment shall not be subject to the provisions of section 17b-8 provided such] amendment shall consist only of modifications necessary to extend personal care assistance to such persons.

(c) On and after April 1, 2013, upon attaining sixty-five years of age, any person served under such program shall be transitioned to the Connecticut home-care program for the elderly, established under section 17b-342.

Sec. 31. Section 17b-706c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2016*):

[The Commissioners of Social Services and Developmental Services shall submit any application for a waiver of federal law necessary to effectuate the provisions of sections 17b-706 to 17b-706b, inclusive, in accordance with the provisions of section 17b-8.] The Commissioners of Social Services and Developmental Services and any other department or agency of the state shall take all actions reasonably necessary to obtain approval for any [such] waiver of federal law necessary to effectuate the provisions of sections 17b-706 to 17b-706b, inclusive, and to ensure the continuation of necessary federal funding.

Sec. 32. Sections 17a-484e, 17b-8 and 38a-1051 of the 2016 supplement to the general statutes are repealed. (*Effective July 1, 2016*)

Sec. 33. Section 17b-277b of the general statutes is repealed. (*Effective July 1, 2016*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2016</i>	17a-227

Sec. 3	July 1, 2016	17a-215
Sec. 4	July 1, 2016	17a-215c
Sec. 5	July 1, 2016	17a-215d
Sec. 6	July 1, 2016	17a-247a(2)
Sec. 7	July 1, 2016	17a-247f
Sec. 8	July 1, 2016	17a-270(a)
Sec. 9	July 1, 2016	17b-2
Sec. 10	July 1, 2016	26-30(h)
Sec. 11	July 1, 2016	38a-514b(a)(4)
Sec. 12	July 1, 2016	38a-488b(a)(4)
Sec. 13	July 1, 2016	46a-11a(11)
Sec. 14	July 1, 2016	46a-11b
Sec. 15	July 1, 2016	46a-11c(b)
Sec. 16	July 1, 2016	17a-215e
Sec. 17	<i>from passage</i>	New section
Sec. 18	July 1, 2016	5-259(e)
Sec. 19	July 1, 2016	17b-282e
Sec. 20	July 1, 2016	17b-131
Sec. 21	July 1, 2016	17b-84
Sec. 22	July 1, 2016	New section
Sec. 23	<i>from passage</i>	17b-239
Sec. 24	<i>from passage</i>	17b-263(b)
Sec. 25	July 1, 2016	17b-8a
Sec. 26	July 1, 2016	17b-10(b)
Sec. 27	July 1, 2016	17b-282b
Sec. 28	July 1, 2016	17b-323
Sec. 29	July 1, 2016	17b-351(a)
Sec. 30	July 1, 2016	17b-605a
Sec. 31	July 1, 2016	17b-706c
Sec. 32	July 1, 2016	Repealer section
Sec. 33	July 1, 2016	Repealer section

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]